

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

Marshall Louis Rafli	ff 3331805-
(Enter above the full name of the plaintiff or plaintiffs in this action).	(Inmate Reg. # of each Plaintiff)
	VIL ACTION NO. 5.20 - W-0009 umber to be assigned by Court)
Medical Staff Bri	Hany Foster
(Enter above the full name of the defendant or defendants in this action)	
	<u>LAINT</u>
I. Previous Lawsuits	
	in state or federal court dealing with the same otherwise relating to your imprisonment?
Yes	No

If your answer to A is yes, describe each lawsuit in the space below. (If there

В.

	is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).			
1.	Parties to this previous lawsuit:			
, ¥	Plaintiffs:			
	Defendants:			
8				
2.	Court (if federal court, name the district; if state court, name the county);			
3.	Docket Number:			
4.	Name of judge to whom case was assigned:			
5.	Disposition (for example: Was the case dismissed? Was it appealed Is it still pending?			
6.	Approximate date of filing lawsuit:			
7.	Approximate date of disposition:			

II.	Place	of Present Confinement: 5R5
	A.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes No
	C.	If you answer is YES:
		1. What steps did you take?
		2. What was the result?
	D.	If your answer is NO, explain why not: Because MS, Brittany 15 the in Charge MISS
III.	Parti	
	and p	em A below, place your name and inmate registration number in the first blank lace your present address in the second blank. Do the same for additional iffs, if any.)
- 50	Α.	Name of Plaintiff: Marshall Louis Rat 1/19
		Name of Plaintiff: Marshall Louis Rat liff Address: 1200 Air port Rd Beaver Inv 25813
	В.	Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C.	Defendant:	121:44	in y Fast	ter			
	is employed	as: <u>'mc</u>	:hasge	nurse		¥	7.
	at SRT	,					
D.	Additional of	lefendants:	н х	* *	*		
	÷ .						
	8 2		1 9	, * ,			20

IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I wasn't told to bring my ID cord to Pill

Pass. incharge horse Britany told I marshall

Louis Ratliff I need my ID cord, or I

Can't have my pill's. I asked Ms. Britany

if I can have my Pill's She (said ?/ NO)

So I said Fuck it's Bull shit. I was took

off my depacotic as well for the same

iwess. This happend at 9'101 pm in A-3

IV.	Statement of Claim (continued):	
or	1-19-2020,	
		1
		(4
		11
~	State briefly exactly what you want the court to do for you. Make no legal argument cite no cases or statutes.	ents
40	ask the 1036 net 1000 to 12700001	
W	my meds I don't know why she	,
at .		
597		

VII. Counsel A. If someone other than a lawyer is assisting you in preparing this case, state to person's name: B. Have you made any effort to contact a private lawyer to determine if he or swould represent you in this civil action? Yes No If so, state the name(s) and address(es) of each lawyer contacted: If not, state your reasons: I don't have money. C. Have you previously had a lawyer representing you in a civil action in the court? Yes No	v.	Relie	f (continued)):
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If not, state your reasons: I don't have money of the court?			Yes No
C. Have you previously had a lawyer representing you in a civil action in the court?			If so, state the name(s) and address(es) of each lawyer contacted:
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court?		~	
Yes No		C.	
			Yes No

If so, state the lawyer's name and address:
Signed this 19 day of January, 2020.
Marshall Caus Rathff
Signature of Plaintiff or Plaintiffs I declare under penalty of perjury that the foregoing is true and correct.
Executed on Jan 19, 2000 (Date)
Marshell Rattiff
Signature of Movant/Plaintiff
Signature of Attorney
(if any)